CITY OF PATASKALA
EXPENSE REIMBURSEMENT FORM

DATE: _____

NAME: _____

PERIOD: FROM _____ TO _____

Travel Reimbursement:

- Detailed receipts must be attached prior to reimbursement.
- The City will not reimburse for alcohol, tobacco, or items not for a proper public purpose as defined by the Ohio Revised Code.
- Sales tax will be reimbursed for travel only if all attempts have been made to obtain tax exempt status.
- Gratuities will be limited to 15% of the total meal cost and are included in the total per diem of $35.
- Expense reimbursement requests in which vendor reward points or gifts were awarded shall be submitted to the Finance Department for future City use.

Date	Reimbursement Description	Total Reimbursement

TOTAL EXPENSE REIMBURSEMENT $ _____

_____ _____

Employee Signature Supervisor Signature

_____

Finance Department Signature